


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000013026 1. Entity Name TMBD COMPUTER SYSTEMS EDUCATION AND CONSULTING, INC.	
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Principal Place of Business 10640 BELO HORIZONTE AVE. CLERMONT, FL 34711	Mailing Address 4327 S HIGHWAY 27 312 CLERMONT, FL 34711
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2026307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GODWIN, TORRY 10640 BELO HORIZONTE AVE. CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000104919
04/07/04-80002-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GODWIN, TORRY R 10640 BELO HORIZONTE AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODWIN, MARVIN E 10640 BELO HORIZONTE AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GODWIN, BONNIE S 10640 BELO HORIZONTE AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

352-243-4907
Daytime Phone #